
STANDARDS FOR INSTITUTIONS

The following, available to the Health Care Financing Administration, is the list of state administrative rules governing health and other standards for private or public institutions that provide service to Medicaid recipients.

1. Minnesota Rules, part 4638.0200. This rule requires hospitals, nursing homes, boarding care homes, and supervised living facilities licensed by the Minnesota Department of Health to establish written policies specifying whether or not pet animals will be allowed on the premises. It establishes requirements that must be met by pets other than fish.
2. Minnesota Rules, chapter 4640. This chapter provides hospital standards for:
 - (a) licensing
 - (b) administration, medical staff, and personnel
 - (c) records and reports
 - (d) laboratory and x-ray services
 - (e) accommodations, furnishings, and equipment for care
 - (f) food service and food sanitation
 - (g) the physical plant
3. Minnesota Rules, chapter 4645. This chapter provides standards for hospital construction and equipment.
4. Minnesota Rules, chapter 4650. This chapter provides hospital and surgical center standards for:
 - (a) financial, utilization, and services data
 - (b) administrative procedures for submitting reports
 - (c) fees and fines
5. Minnesota Rules, chapter 4655. This chapter provides boarding care home standards for licensure, and establishes procedures for exceptions to the nursing home bed moratorium. In addition, this chapter sets out standards for boarding care home:
 - (a) administration and personnel
 - (b) records and reports
 - (c) resident relocation
 - (d) records of residents' and patients' funds
 - (e) care of patients and residents
 - (f) furnishings and equipment
 - (g) linen service & laundry requirements; dietary service & sanitation; housekeeping
 - (h) medication

STANDARDS FOR INSTITUTIONS (continued)

6. Minnesota Rules, chapter 4656. This chapter provides Medicaid standards for:
 - (a) review of care and classification of residents in Medicaid facilities; includes resident assessment
 - (b) case mix reimbursement classifications
7. Minnesota Rules, chapter 4658. This chapter provides nursing home standards for:
 - (a) licensure
 - (b) administration and operations
 - (c) resident personal funds accounting and records
 - (d) restraints
 - (e) resident assessments and plans of care
 - (f) clinical records
 - (g) nursing services
 - (h) dietary service; medical and dental services; barber and beauty services
 - (i) infection control
 - (i) recreational programs
 - (j) rehabilitative services
 - (k) medications
 - (l) environmental services (physical environment, resident units, plant housekeeping, solid waste disposal)
 - (m) relocation of residents
 - (n) physical plant licensure & new construction plans
 - (o) mechanical & electrical systems
8. Minnesota Rules, chapter 4660. This chapter provides standards for the physical plant of boarding care homes.
9. Minnesota Rules, parts 9520.0500 through 9520.0670, which provide standards for the licensing of residential programs for adult mentally ill persons.
10. Minnesota Rules, parts 9520.0750 through 9520.0870, which provide standards for the administration of mental health center and mental health clinics.
11. Minnesota Rules, part 9525.0215 through 9525.0355, which provide standards for the licensing of resident programs for persons with mental retardation or related conditions (MR/RC). The rules provide minimum standards governing operation of residential programs.

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12. Minnesota Rules, chapter 9549. This chapter establishes procedures for determining the payment rates for nursing facilities participating in Medicaid, but also provides for resident classes (A through K) based upon resident assessment.

only in facilities having a federal wage and hour certificate for this purpose. It differs from activity programs for adults in that there is a significant productive element. It differs from sheltered employment in that it allows a wage of up to one-fourth the standard minimum.

Subp. 27. **Work adjustment.** Work adjustment; learning activities typically involving real or simulated work tasks and situations. It is intended to assist a person to develop basic skills, attitudes, motivation, and work habits of the kind needed in competitive employment, sheltered employment, or work activity. It develops social skills needed to function in a work environment. Its focus is upon basic employability rather than upon the skills of a specific occupation.

Statutory Authority: MS s 245.69 subd 1; 252.28; 252A.21 subd 2; 256E.05 subd 3; 393.07 subd 4

9525.0100 SEVERABILITY.

The provisions of parts 9525.0020 to 9525.0100 shall be severable. If any clause, sentence, or provision is declared illegal or of no effect, the validity of the remainder of this rule and its applicability shall not be affected.

Statutory Authority: MS s 245.69 subd 1; 252.28; 252A.21 subd 2; 256E.05 subd 3; 393.07 subd 4

RESIDENTIAL PROGRAMS AND SERVICES FOR MENTALLY RETARDED PERSONS

9525.0210 DEFINITIONS.

Subpart 1. **Ambulatory.** "Ambulatory" means the ability to walk independently and at least negotiate any barriers, such as ramps, stairs, corridors, doors, etc., without assistance as may be necessary to get in and out of the facility.

Subp. 2. **Executive officer.** "Executive officer" means the individual appointed by the governing body (see subpart 3) of a residential program to act in its behalf in the overall management of the facility. Job titles may include, but are not limited to, superintendent, director, and administrator.

Subp. 3. **Governing body.** "Governing body" means the policy-making authority, whether an individual or a group, that exercises general direction over the affairs of a residential program and establishes policies about its operation and the welfare of the individuals it serves. The governing body is responsible for the operation of the residential program and for compliance with parts 9525.0210 to 9525.0430.

Subp. 4. **Interdisciplinary team.** "Interdisciplinary team" means a team consisting, at a minimum, of the resident, the resident's legal guardian (if any), local social service agency representative, and the program director or program staff member. Other persons relevant to a particular resident's needs may be included. The interdisciplinary team is responsible for the development and evaluation of the resident's individual program plan and determination of need for the residential program.

Subp. 5. **Legal incompetence.** "Legal incompetence" means the legal determination that a resident is unable to exercise his full civil and legal rights and that a guardian (see parent, subpart 15) is required.

Subp. 6. **Living unit.** "Living unit" means a resident-living unit that houses the primary living group (see subpart 16) and provides access to bedroom, living room, recreation/activity room, dining room, kitchen, and bathroom.

Subp. 7. **Living unit staff.** "Living unit staff" means individuals who conduct the resident-living program; resident-living staff.

Subp. 8. **May.** "May" indicates that the provisions or practices stated in these rules are permitted.

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9525.0210 STANDARDS FOR PROGRAMS FOR MENTALLY

Subp. 9. **Mental retardation.** "Mental retardation" refers to persons who have been diagnosed as having significantly subaverage intellectual functioning existing concurrently with demonstrated deficits in adaptive behavior and manifested during the developmental period.

Subp. 10. **Mobile.** "Mobile" means the ability to move independently from place to place with the use of devices such as walkers, crutches, wheelchairs, wheeled platforms, etc.

Subp. 11. **Multiple-handicapped.** "Multiple-handicapped" means in addition to mental retardation, an orthopedic, incoordinative, or sensory disability that culminates in significant reduction of mobility, flexibility, coordination, or perception and that interferes with an individual's ability to function independently.

Subp. 12. **Nonambulatory.** "Nonambulatory" means the inability to walk independently.

Subp. 13. **Nonmobile.** "Nonmobile" means the inability to move independently from place to place.

Subp. 14. **Normalization principle.** "Normalization principle" means the principle of letting persons who are mentally retarded obtain an existence as close to the normal as possible, making available to them patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society.

Subp. 15. **Parent.** "Parent" means the general term used in these rules to refer to the natural parent, or other person who fills the legal or social role of the natural parent, i.e., represents the rights and interests of the mentally retarded persons as if they were his own. May include an advocate as one who acts on behalf of a resident to obtain needed services and the exercise of his full human and legal rights; legal guardian as one appointed by a court; guardian of the person as one appointed to see that the resident has proper care and protective supervision in keeping with his needs; guardian of the property as one appointed to see that the financial affairs of the resident are handled in his best interests; guardian ad litem as one appointed to represent a resident in a particular proceeding; public guardian as a public official empowered to accept appointment as a legal guardian (i.e., the commissioner of public welfare or agent); or testamentary guardian as one designated by the last will and testament of a natural guardian.

Subp. 16. **Primary-living group.** "Primary-living group" means that group characterized by face-to-face relations that are personal, spontaneous, and typically, although not necessarily, long-lasting. Members of a primary group are drawn together by the intrinsic value of the relations themselves rather than by a commitment to an explicit goal. The family is an example of a primary group.

Subp. 17. **Program.** "Program" means the general term used in these rules to refer to all people, events, and environments that lead to a purposeful outcome (goal or objective) for the individual resident. These programs include, but are not limited to, training and maintenance of the individual; the design, furnishing, and use of space; staff and staffing patterns; and professional and volunteer services.

Subp. 18. **Resident.** "Resident" means the general term used in these rules to refer to an individual who receives service in a residential program (see subpart 21), whether or not such individual is actually in residence in the facility. The term thus includes individuals who are being considered for residence in a facility and individuals who were formerly in residence in a facility. A residential program, on the other hand, may use the term "resident" to refer only to those individuals actually in residence.

Subp. 19. **Referring agency.** "Referring agency" means the general term used in these parts to refer to the local social service agency responsible for establishment and implementation of case management plans for individuals and particular families with mental retardation problems and for the provision of specific financial or case-work services to these individuals and families. In Minnesota, the county board is charged with administrative responsibility for these duties. Responsibility for these duties may be delegated to the local social service agency.

Subp. 20. **Resident-living.** "Resident-living" means pertaining to residential or domiciliary services.

Subp. 21. **Residential program.** "Residential program" means a general term used in this rule to refer to the program of services to residents of a supervised living facility or of a licensed or certified foster home approved by the commissioner as an extension of the residential program which has an administrative organization and/or structure for the purpose of providing care, food, lodging, training, supervision, habilitation, and treatment as needed for more than four mentally retarded individuals on a 24-hour per day basis. Residential programs may also be known as, but are not limited to group homes, child-caring institutions, boarding-care homes, nursing homes, state hospitals, public institutions, and regional centers.

Subp. 22. **Restraint.** "Restraint" means any physical device that limits the free and normal movement of body or limbs. Chemical substances administered for the purpose of controlling maladaptive behavior are deemed restraints. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered restraints.

Subp. 23. **Rhythm of life.** "Rhythm of life" means relating to the normalization principle (see subpart 14), under which making available to mentally retarded persons patterns and conditions of everyday life that are as close as possible to the norms and patterns of the mainstream of society means providing a normal rhythm of the day (in relation to arising, getting dressed, participating in play and work activities, eating meals, retiring, etc.) normal rhythm of the week (differentiation of daily activities and schedules), and normal rhythm of the year (observing holidays, days with personal significance, vacations, etc.).

Subp. 24. **Seclusion.** "Seclusion" means involuntary removal from social contact with others, in a separate room.

Subp. 25. **Shall.** "Shall" indicates that the requirement, provision, or practice stated in this rule is mandatory.

Subp. 26. **Supervised living facility.** "Supervised living facility" means a general term used in these parts to refer to the facility licensed by Minnesota Department of Health, in accordance with Minnesota Statutes 1971, section 144.56.

Subp. 27. **Time-out.** "Time-out" means time out from positive reinforcement. A behavior modification procedure in which, contingent upon the emission of undesired behavior, the resident is removed from the situation in which positive reinforcement is available.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0220 STATUTORY AUTHORITY.

Minnesota Statutes, section 256.01 charges the commissioner of public welfare with general responsibility for service to mentally retarded persons.

Minnesota Statutes, section 245.072 creates a mental retardation division in the Department of Public Welfare to "coordinate those laws administered and enforced by the commissioner of public welfare relating to mental retardation and mental deficiency which the commissioner may assign to the division."

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Minnesota Statutes, section 252.28 charges the commissioner of public welfare with the responsibility for licensing of residential facilities and services for mentally retarded persons.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0230 SCOPE.

Parts 9525.0210 to 9525.0430 govern the operation of any residential program engaged in, or seeking to engage in, the provision of residential or domiciliary service for mentally retarded individuals, and set forth the requirements necessary for such a residence to be licensed.

Cost of boarding care outside of home or state institution is reimbursable by the state for care of children under 18 years of age in facilities licensed by the Department of Public Welfare. All participating facilities serving more than four mentally retarded children must be licensed under these rules prior to participation.

Federal programs under the Social Security Act, as amended, require certification of participating facilities. All participating facilities serving more than four mentally retarded persons must be licensed under these rules prior to certification.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0240 PURPOSE.

The purpose of parts 9525.0210 to 9525.0430 is to establish the minimum standards for the operation of residential programs and services for mentally retarded persons residing in licensed supervised living facilities.

The purpose of Minnesota Statutes, section 252.28 and these parts is to establish and protect the human right of mentally retarded persons to a normal living situation, through the development and enforcement of minimum requirements for the operation of residential programs. Moreover, these parts serve an educational purpose in providing guidelines for quality service.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0250 PROCEDURE FOR LICENSING.

Subpart 1. **Submission of application.** Application shall be made to commissioner of public welfare, who may determine the need, location, and program of facilities and services seeking to be licensed or relicensed under these rules. In making this determination, the commissioner shall be guided by these parts and other state agency rules promulgated under Minnesota Statutes, section 252.28, subdivision 1, including parts 9525.0010 to 9525.0090.

Applicants shall submit such materials and information as may be required to make a proper determination of the nature and adequacy of the residential program to be provided.

Subp. 2. **Prerequisites.** Applicants must have, or have applied for, a supervised living facility license from the state Department of Health; and, in the case of a commissioner-approved extension of the residential program for family homes of four or fewer residents, a foster home license or certification from the Department of Public Welfare.

Subp. 3. **License renewal.** A residential program desiring to renew its license shall submit an application at least 45 days prior to expiration of the license. A renewal license may be issued for a period of up to two years at the discretion of the commissioner.

Subp. 4. **Provisional license.** Provisional license shall be granted by the commissioner under terms of Minnesota Statutes, section 245.783, subdivision 3.

Subp. 5. **Variance.** A residential program may request in writing a variance of a specific provision of the rules. The request for a variance must cite the provision of the rules in question, reasons for requesting the variance, the

period of time not to exceed one year the licensee wishes to have the provision varied and the equivalent measures planned for assuring that programmatic needs of residents are met. Variances granted by the commissioner shall specify in writing the time limitation and required equivalent measures to be taken to assure that programmatic needs are met. Variances denied by the commissioner shall specify in writing the reasons for the denial. No variance shall be granted that would threaten the health, safety, or rights of residents.

Subp. 6. **Refusal or revocation of license.** Failure to comply with these rules or applicable state laws shall be cause for refusal or revocation of license.

Failure to be licensed as a supervised living facility by the Minnesota Department of Health (or its successor) shall be cause for refusal or revocation of license.

Revocation, suspension, or denial of a license may be appealed pursuant to Minnesota Statutes, chapter 14.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0260 GROUPING AND ORGANIZATION OF LIVING UNITS.

Subpart 1. **Goal.** The resident-living unit, subsequently called living unit, shall be small enough to ensure the development of meaningful interpersonal relationships among residents and between residents and staff.

Subp. 2. **Living unit.** The living unit is that unit which houses the primary living group. It may be a group home, foster home, ward, wing, floor, etc.

The living unit shall contain bedroom, living room, bathroom, recreation room, and connecting areas. It may contain dining room and kitchen. Facilities with more than four mentally retarded persons in residence on November 17, 1972, shall be deemed to be in substantial compliance with this provision, except that the living unit shall contain bedroom and living room areas.

The living unit shall be physically, socially, and functionally differentiated from areas for developmental and remedial services (see parts 9525.0320 to 9525.0350) and shall simulate the arrangements of a home in order to encourage a personalized atmosphere for residents.

The size of the living unit shall be based upon the needs of the residents, but the living unit shall provide for not more than 16 residents.

The living unit or complex of such units shall house both male and female residents to the extent that this conforms to the prevailing cultural norms and unless contraindicated by program plan. Such living arrangements shall include provision for privacy and for appropriate separation of male and female residents.

The living unit shall not be a self-contained program unit unless contraindicated by program plans of the particular residents being served, and living unit activities shall be coordinated with developmental and remedial services in which residents engage outside the living unit.

Residents shall be allowed free use of all space within the living unit, with due regard for privacy and personal possessions.

Each resident shall have access to a quiet, private area where he can withdraw from the group.

Outdoor active play or recreation areas shall be readily accessible to all living units.

Interior and exterior doors shall not be locked except to protect the resident from clear and present danger, or in conjunction with a behavior modification program (see part 9525.0280, subpart 9). In no case shall locked doors be a substitute for program or staff interaction with residents.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

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9525.0270 STANDARDS FOR PROGRAMS FOR MENTALLY

9525.0270 PHYSICAL PLANT.

Subpart 1. **Design of living unit.** The living unit shall be physically self-contained. Walls defining the living unit shall extend from floor to ceiling.

The interior design of the living unit shall simulate the functional arrangements of a home to encourage a personalized atmosphere for a small group of residents unless it has been demonstrated that another arrangement is more effective in maximizing the development of specific residents being served.

Space shall be arranged to permit residents to participate in different kinds of activities, both in groups and singly.

Space shall be arranged to minimize noise and permit communication at normal conversation levels.

Walls defining each room in the living unit shall extend from floor to ceiling.

Subp. 2. **Design of bedroom.** Bedrooms shall accommodate from one to four residents.

Doors to bedrooms shall not have vision panels and shall not be capable of being locked, except where residents may lock their own bedroom doors, as consistent with their program.

There shall be provision for residents to mount pictures on bedroom walls.

Space outside the bedroom shall be provided for equipment for daily out-of-bed activity for all residents not yet mobile, except those who have a short-term illness or those for whom out-of-bed activity is a threat to life.

Subp. 3. **Design of toilet areas.** Toilet areas shall be located in such places as to facilitate training toward maximum self-help by residents.

Water closets, showers, bathtubs, and lavatories shall approximate normal patterns found in homes, unless specifically contraindicated by program needs.

Toilets, bathtubs, and showers shall provide for individual privacy unless specifically contraindicated by program needs.

Subp. 4. **Furnishings and equipment in general.** Furnishings shall be appropriate to the physiological, emotional, and developmental needs of each resident.

Subp. 5. **Furniture in dining areas.** Dining areas shall:

A. be furnished to stimulate maximum self-development, social interaction, comfort, and pleasure;

B. promote a pleasant and home-like environment and be attractively furnished and decorated and of good acoustical quality; and

C. be equipped with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each resident.

Subp. 6. **Drinking water.** Each resident shall have access to drinking water in the living units.

Subp. 7. **Toilet training equipment.** Equipment shall be provided for toilet training, as appropriate, including equipment for use by the multiple-handicapped.

Subp. 8. **Safety.** Residents shall receive appropriate instruction in safety precautions and procedures.

First-aid equipment, approved by a physician, shall be maintained on the premises in a readily available location, and staff shall be instructed in its use.

Applicable requirements of the state fire marshal or his agent shall be met.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0280 STAFF-RESIDENT RELATIONSHIPS AND ACTIVITIES.

Subpart 1. **Goal.** The objective in staffing each living unit shall be to maintain reasonable stability in the assignment of staff, thereby permitting the development of a consistent interpersonal relationship between each resident and one or two staff members. Provisions shall be made to ensure that the efforts of the staff are not diverted from these responsibilities by excessive housekeeping and clerical duties, or other nonresident-involved activities.

Subp. 2. **Staff responsibilities.** The primary responsibility of the living-unit staff shall be to devote their attention to the care and development of the residents.

Living-unit staff shall be responsible for the development and maintenance of a warm, family, or homelike environment that is conducive to the achievement of optimal development by the resident.

Living-unit staff shall train residents in activities of daily living and in the development of self-help and social skills.

Subp. 3. **Program plans.** Living-unit staff shall participate in assessment, program planning, and evaluation activities relative to the development of the resident (see parts 9525.0320 to 9525.0350). A program plan for each resident shall be available to staff in each living unit.

Subp. 4. **Rhythm of life.** The rhythm of life in the living unit shall resemble the cultural norm for the residents' nonretarded age peers unless a departure from this rhythm is justified on the basis of maximizing the residents' human qualities. The rhythm of life includes the following:

A. Residents shall be assigned responsibilities in the living units commensurate with their interests, abilities, and program plans, in order to enhance feelings of self-respect and to develop skills of independent living.

B. Multiple-handicapped and nonambulatory residents shall:

(1) spend a major portion of their waking day out of bed;

(2) spend a major portion of their waking day out of their bedroom

areas;

(3) have planned daily activity and exercise periods; and

(4) be rendered mobile by various methods and devices.

C. All residents shall have planned periods out-of-doors on a year-round basis.

D. Except as limited by program plan, residents shall be instructed in how to use, and shall be given opportunity for, freedom of movement.

E. Birthdays and special events should be individually observed.

Subp. 5. **Residents' opinions.** Residents' views and opinions on matters concerning them shall be elicited and given consideration in defining the processes and structures that affect them.

Subp. 6. **Communication processes.** Residents shall be instructed in the free and unsupervised use of communication processes. Except as denied individual residents by program plan, this may include:

A. having access to telephones for incoming and local outgoing calls;

B. having access to pay telephone, or the equivalent, for outgoing long distance calls;

C. opening their own mail and packages and generally doing so without direct surveillance; and

D. not having their mail read by staff, unless requested by the resident.

Subp. 7. **Personal possessions.** Residents shall be permitted personal possessions, such as toys, books, pictures, games, radios, arts and crafts materials, religious articles, toiletries, jewelry, and letters.

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